

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation    )  
Against:                                    )**

**JOONG YOUNG PARK, M.D.                )**

**Case No. 800-2015-014169**

**Physician's and Surgeon's            )  
Certificate No. A39059                 )**

**Respondent                                )  
\_\_\_\_\_**

**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on July 26, 2019.**

**IT IS SO ORDERED June 26, 2019.**

**MEDICAL BOARD OF CALIFORNIA**

**By: Kristina Lawson  
Kristina Lawson, JD, Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 TRINA L. SAUNDERS  
Deputy Attorney General  
4 State Bar No. 207764  
300 South Spring Street, Suite 1702  
5 Los Angeles, California 90013  
Telephone: (213) 269-6516  
6 Facsimile: (213) 897-9395  
*Attorneys for Complainant*  
7

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 JOONG YOUNG PARK, M.D.

14 4444 Wilshire Boulevard, Suite 303  
15 Los Angeles, California 90010

16 Physician's and Surgeon's Certificate A 39059,  
17 Respondent.  
18

Case No. 800-2015-014169

OAH No. 2018110697

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
20 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
24 of California (Board). She brought this action solely in her official capacity and is represented in  
25 this matter by Xavier Becerra, Attorney General of the State of California, by Trina L. Saunders,  
26 Deputy Attorney General.

27 //

28 //



1  
2  
3  
4  
5  
6  
7  
8  
9  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
0  
1  
2  
3  
4  
5  
6  
7  
8

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

1 **DISCIPLINARY ORDER**

2 A. **PUBLIC REPRIMAND**

3 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. A 39059  
4 issued to Respondent Joong Young Park, M.D. is hereby publicly reprimanded pursuant to  
5 California Business and Professions Code section 2227, subdivision (a)(4). This Public  
6 Reprimand, which is issued in connection with Respondent's care and treatment of one patient, as  
7 set forth in Accusation No. 800-2015-014169, is as follows:

8 *In 2012, you committed an act of gross negligence by performing a colonoscopy without*  
9 *adequate training. The lack of adequate training led to the surgical disturbance and "almost"*  
10 *biopsy of an area of abnormality identified on colonoscopy, which the trained eye would have*  
11 *recognized from endoscopic photographs, as a vascular malformation. Such a lesion would not*  
12 *be biopsied by a competently trained and more experienced endoscopist.*

13 A. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the  
14 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
15 approved in advance by the Board or its designee. Respondent shall provide the approved course  
16 provider with any information and documents that the approved course provider may deem  
17 pertinent. Respondent shall participate in and successfully complete the classroom component of  
18 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall  
19 successfully complete any other component of the course within one (1) year of enrollment. The  
20 medical record keeping course shall be at Respondent's expense and shall be in addition to the  
21 Continuing Medical Education (CME) requirements for renewal of licensure.

22 A medical record keeping course taken after the acts that gave rise to the charges in the  
23 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
24 or its designee, be accepted towards the fulfillment of this condition if the course would have  
25 been approved by the Board or its designee had the course been taken after the effective date of  
26 this Decision.

27 Respondent shall submit a certification of successful completion to the Board or its  
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later.

2 B. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar  
3 days of the effective date of this Decision, Respondent shall enroll in a clinical competence  
4 assessment program approved in advance by the Board or its designee. Respondent shall  
5 successfully complete the program not later than six (6) months after Respondent's initial  
6 enrollment unless the Board or its designee agrees in writing to an extension of that time.

7 The program shall consist of a comprehensive assessment of Respondent's physical and  
8 mental health and the six general domains of clinical competence as defined by the Accreditation  
9 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
10 Respondent's current or intended area of practice. The program shall take into account data  
11 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
12 Accusation(s), and any other information that the Board or its designee deems relevant. The  
13 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
14 than five (5) days as determined by the program for the assessment and clinical education  
15 evaluation. Respondent shall pay all expenses associated with the clinical competence  
16 assessment program.

17 At the end of the evaluation, the program will submit a report to the Board or its designee  
18 which unequivocally states whether the Respondent has demonstrated the ability to practice  
19 safely and independently. Based on Respondent's performance on the clinical competence  
20 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
21 scope and length of any additional educational or clinical training, evaluation or treatment for any  
22 medical condition or psychological condition, or anything else affecting Respondent's practice of  
23 medicine. Respondent shall comply with the program's recommendations.

24 Determination as to whether Respondent successfully completed the clinical competence  
25 assessment program is solely within the program's jurisdiction.

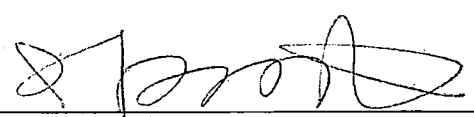
26 If Respondent fails to enroll, participate in, or successfully complete the clinical  
27 competence assessment program within the designated time period, Respondent shall receive a  
28 notification from the Board or its designee to cease the practice of medicine within three (3)

1 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
2 until enrollment or participation in the outstanding portions of the clinical competence assessment  
3 program have been completed. If the Respondent did not successfully complete the clinical  
4 competence assessment program, the Respondent shall not resume the practice of medicine until a  
5 final decision has been rendered on the accusation.

6 ACCEPTANCE

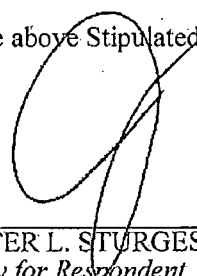
7 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
8 discussed it with my attorney, Jennifer L. Sturges. I understand the stipulation and the effect it  
9 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
10 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
11 Decision and Order of the Medical Board of California.

12  
13 DATED: 4/25/2019

  
14 JOONG YOUNG PARK, M.D.  
15 Respondent

16  
17 I have read and fully discussed with Respondent JOONG YOUNG PARK, M.D. the terms  
18 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
19 Order. I approve its form and content.

20  
21 DATED: 04/25/2019

  
22 JENNIFER L. STURGES  
23 Attorney for Respondent

24  
25 ///

26 ///

27 ///

28 ///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28


ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: *April 29, 2019*

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General

  
TRINA L. SAUNDERS  
Deputy Attorney General  
*Attorneys for Complainant*

LA2018501115  
53360942.docx



**Exhibit A**

**Accusation No. 800-2015-014169**

1 XAVIER BECERRA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 TRINA L. SAUNDERS  
Deputy Attorney General  
4 State Bar No. 207764  
California Department of Justice  
5 300 South Spring Street, Suite 1702  
Los Angeles, California 90013  
6 Telephone: (213) 269-6516  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2015-014169

13 JOONG YOUNG PARK, M.D.

**A C C U S A T I O N**

14 4444 Wilshire Blvd., Suite 303  
Los Angeles, California 90010

15 Physician's and Surgeon's Certificate A 39059,  
16 Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
21 capacity as the Executive Director of the Medical Board of California (Board).

22 2. On August 30, 1982, the Medical Board issued Physician's and Surgeon's Certificate  
23 Number A 39059 to Joong Young Park, M.D. (Respondent). That license was in full force and  
24 effect at all times relevant to the charges brought herein and will expire on November 30, 2019,  
25 unless renewed.

26 //

27 //

28 //

## JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

5. Section 2234 of the Code states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

1       “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
2 violation of, or conspiring to violate any provision of this chapter.

3       “(b) Gross negligence.

4       “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
6 the applicable standard of care shall constitute repeated negligent acts.

7       “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for  
8 that negligent diagnosis of the patient shall constitute a single negligent act.

9       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
12 applicable standard of care, each departure constitutes a separate and distinct breach of the  
13 standard of care.

14       “(d) Incompetence.

15       “(e) The commission of any act involving dishonesty or corruption which is substantially  
16 related to the qualifications, functions, or duties of a physician and surgeon.

17       “(f) Any action or conduct which would have warranted the denial of a certificate.

18       “(g) The practice of medicine from this state into another state or country without meeting  
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
21 proposed registration program described in Section 2052.5.

22       “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
24 who is the subject of an investigation by the board.”

25       6.     Section 2266 of the Code states:

26       “The failure of a physician and surgeon to maintain adequate and accurate records relating to  
27 the provision of services to their patients constitutes unprofessional conduct.”

28       //

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28

2

3  
4  
5  
6

7  
8  
9  
10

11  
12  
13  
14

15  
16  
17  
18  
19  
20  
21

22  
23  
24

25

26

27

28

1 additional transfusions. The bleeding could not be stopped with non-surgical intervention.

2 Imaging showed that the bleeding was arising from arteriovenous (AV) malformations at the level  
3 of the splenic flexure, and not the proximal colon as previously identified by the Respondent.

4 14. On April 20, 2012, at Desert Regional Medical Center the patient underwent an  
5 extended left colon resection with placement of a temporary diverting colostomy. A surgeon  
6 performed the operation.

7 15. The patient was discharged on April 26, 2012.

8 16. In June 2012, the patient developed rectal bleeding identified by sigmoidoscopic  
9 examination; which showed ulceration at the staple line. Intestinal continuity was surgically  
10 restored. However, the patient developed a post-operative adhesive small bowel obstruction that  
11 required another surgery.

12 17. Thereafter, the patient reported continued functional limitations, including discomfort,  
13 and an inability to resume full-time work responsibilities.

14 18. On April 19, 2018, Respondent was interviewed by a Medical Board of California  
15 investigator. During the interview, Respondent reported that he received training in flexible  
16 sigmoidoscopy during his residency. He was in family medicine residency from 1980 - 1982. He  
17 had no additional formal training in colonoscopy apart from attending two proprietary day-long  
18 courses offered by the National Procedures Institute in 2008 and 2010. The courses included use  
19 of models, but no live subjects.

20 19. During his interview with Medical Board staff, Respondent estimated that he had  
21 performed 200 colonoscopies during the preceding five years. He estimated that his colonoscopic  
22 studies achieved cecal intubation (i.e. were technically adequate) in approximately 70% of the 200  
23 cases, which is below the national benchmark of 95%.

24 20. Respondent's performance of a colonoscopy without adequate training constitutes an  
25 extreme departure from the standard of care. Respondent's lack of adequate training led him to  
26 surgically disturb and "almost" biopsy the area of abnormality identified on colonoscopy, in this  
27 case, which the trained eye would have recognized from endoscopic photographs, as a vascular  
28 malformation. Such a lesion would not be biopsied by a competently trained and more

1 experienced endoscopist, and tools such as a hemoclippping would have likely been chosen to stop  
2 the patient's bleeding.

3 **SECOND CAUSE FOR DISCIPLINE**

4 (Failure to Maintain Adequate Records)

5 21. Respondent Joong Young Park, M.D. is subject to disciplinary action under section  
6 2266 in that he failed to maintain adequate and accurate medical records. The circumstances are  
7 as follows:

8 22. Respondent's handwritten records maintained for the patient were illegible. When the  
9 notes were read aloud by the Respondent at his interview with Medical Board staff, it became  
10 apparent that the records lacked clarity and detail.

11 **PRAYER**

12 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,  
13 and that following the hearing, the Medical Board of California issue a decision:

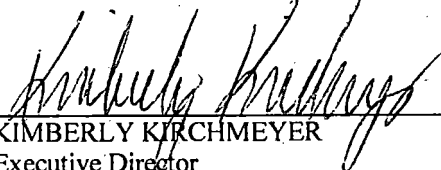
14 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 39059, issued  
15 to Joong Young Park, M.D.;

16 2. Revoking, suspending or denying approval of his authority to supervise physician  
17 assistants and advanced practice nurses;

18 3. If placed on probation, ordering him to pay the Board the costs of probation  
19 monitoring; and

20 4. Taking such other and further action as deemed necessary and proper.

21  
22 DATED: May 18, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California

Complainant

23  
24  
25  
26  
27 LA2018501115  
28 52898102.doc